

Heather Wilson

U.S. Congresswoman Representing New Mexico's First District

Service Academy Nomination Application

Privacy Act Statement: The submission of the requested information constitutes authorization for review of this information by Representative Heather Wilson, her staff, her Service Academy Review Board, the Academy Admission Office, and the media.

Please print clearly or type the following information:

I. Applicant Information

Last Name:	_First Name:	Middle Initial:
Suffix: Preferred Name/Ni	ckname:	
Parent Address		_
City:Zip Coo	le:	_
Home Telephone Number:		Second Phone:
Temporary Address:		
City:Zip Cod	le:	_
Gender: Male Female		
Race(Optional only for statistical p	purposes):	
White (Non-Hispanic or Latino)	Black or African	American (Non-Hispanic or Latino)
Asian	Native Hawaiian	or Other Pacific Islander
American Indian or Alaska Native	Hispanic or Latin	10
Two or more races	Other:	
Date of Birth:		
Will you be 17 but not yet 23 years	of age by July 1 of	the year you are admitted?
[] Yes [] No		
Mother's Name:		
Father's Name:		
Legal Guardian (if applicable):		

17	7.3 Acad	emy Applic	cation
Are you applying for a nomination from any other source?	[] Yes	[] No
Whom?PresidentVice PresidentSen. Domenici	Sen.	Bingama	am
Other			
t is in your best interest to request a nomination through all sources available to you active duty military, retired military, or was killed in action, you may be eligible for a nomination. Please consult the Service Academy Information Sheet for applicable ac	a Preside		
Will you be a United States' citizen at the time of enrollment?	[] Yes	[] No
Are you a resident of the First Congressional District of New Mex	ico? [] Yes	[] No
Have you applied for a nomination in a previous year?	[] Yes	[] No
II. Academy Preferences			
Please rank each of the Academies in your order of preference for irst choice. Rank only the Academies you will attend if admitted.		ance, wit	h one being yo
Air ForceArmyNavy		Merchai	nt Marine
Have you been contacted directly by an Academy? [] Yes	[] No	
f yes, which Academy and who?			
Have you ever served in the military in any capacity?			
f yes, what is the highest rank you held?			
III. Academic Qualifications			
High School: Telephone Num	ber:		
Mailing Address:			
Principal:Counselor:	_Grad	uation Ye	ear:
Γest Scores: SAT Verbal			
SAT Math			
<u>Or</u>			
ACT English			
ACT Math			
ACT Reading			
ACT Science/Reasoning			
ACT Plus Writing (required by	USM	A)	
Are you scheduled to re-take any of your tests? Date	(s):		

High School Class Rank			out of _		_ class size.
If your school does not rank, please	estimai	te.			
Class Percentile: Top	1%	5%	10%	25%	50%
Grade Point Average (GPA):				Grade	e Scale Used:
Grade Point Average, Scale, Class	Rank	and Si	ze must be	e included	on your high school transcript.
Submit college entrance examination ACT/SAT scores reported on your					1T and High School/College transcripts. eptable.
College Attended (if applica	ble):_				
Mailing Address:					
Major:			Y	ears Att	ended:
Hours Completed:			G	rade Po	int Average:
Academic Awards or Special	Ach:	ievem	ents:		
Any additional explanations				_	t or test scores you want the interview
IV. Athletic Activities Grades 9-12 and college (if applical	ole)				

Sport	Years in Sport	Number of Varsity Letters	Years as Captain or Co-Captain	Years Receiving Special Recognition

Have you been if so:	in contact with athletic	coaches or staff at any Aca	demy? [] Yes [] No
<u>Academy</u>	<u>Sport</u>	Coach/Contact Name	Telephone Number
			-
V. Non-Athle	tic Activities		
Have you been:		Number of years grade	<u>s 9-12</u>
Class President Class Officer			
	fficar		
Student Body O	ment Commander		
JROTC Membe			
Officer of a Scho			
Boys/Girls State			
Boys/Girls Nati			
National Honor		<u> </u>	
Eagle Scout/Go	old Award		
Boy/Girl Scout	Member		
Civil Air Patrol 1	Member		
	Detachment Officer		
4-H/FFA Mem			
4-H/FFA Club			
Other Officer N			
Editor School P			
	Debate Club Member		
School Band/Cl	norus		
List other non-a	thletic extracurricular a	activities and leadership po	sitions.
	inono cintuodiniodiai i	ventrines und leadersimp po	
Non-athletic aw	ards or special achieve	ments:	

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N/	Prior	PATT	TICA
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[] Yes: Active	Guard	Reserve	[]No	
Branch:	Years	s:	_ Highest Rank	: :
		.1:	. C A	
Has a parent, gran Name	iuparent or sit	Service Ac		Year of Graduation
				-
	_			
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VII. Employme	nt History			
Reverse chronological or	der; use additiona	al sheets if necessar	y .	
		,		Hours per week wo
	Dates	,	y. sition	Hours per week wor
		,		Hours per week wor
		,		Hours per week wor
		,		Hours per week wor
		,		Hours per week wor
		,		Hours per week wor
Place	Dates	Po	sition	
Place	Dates	Po	sition	
Place	Dates	Po	sition	
Place	Dates	Po	sition	
Place Motivation for wor	Dates	Po	sition	
Place Motivation for work VIII. Ethics In two hundred we	Dates	Po	sition	

IX. Essay

In three hundred words or less explain why you want to attend a Service Academy.

X. Other information you want the Congresswoman or the interview panel to know.

IX. Privacy Statement

I have read the Privacy Act Statement. The information provided in this application is true and correct to the best of my knowledge. I understand that in addition to this application, I am also required to submit all of the items on the application check-list. I further understand that Representative Wilson's Albuquerque Office must be in receipt of all application materials no later than 5:00 p.m., Monday, October 15, 2007.

Signature:	Date:
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Return your completed application to: Service Academy Liaison Representative Heather Wilson 20 First Plaza NW, Suite 603 Albuquerque, NM 87102